5 R21 **Rural At-Risk Women Drinkers: Services & Outcomes**
AA12666-02

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Funding Period: May 2000 - April 2002

BACKGROUND / RATIONALE:

Little is known about the relationships between alcohol use disorders and treatment services in rural women, mostly because few studies of substance use or mental health disorders have focused on rural populations. We propose to study the services and outcomes for rural women with at-risk alcohol use by conducting secondary data analyses and reviewing medical records already collected inour Rural Alcohol Study, a four-wave longitudinal survey funded by NIAAA between 1995 and 1998. With these data, we will study barriers to services, use of alcohol, mental health, or primary care services, and outcomes in rural women from a random sample of 733 male and female at-risk drinkers (female participants n=239 or 32%) in the rural and urban South.

OBJECTIVE(S):

Our proposed study has four specific aims:
1) To identify rural/urban differences in predictors of service use in female at-risk drinkers; 2) to determine rural/urban differences in the type and content of service use over two years in female at-risk drinkers, including use of primary care for alcohol, mental health, and physical problems; use of specialty mental health services; and use of specialty alcohol treatment services; 3) to determine rural/urban differences in outcomes over a two-year period in female at-risk drinkers, including drinking outcomes; mental health outcomes; health status; victimization; and family and social relationships; 4) to determine whether the effects of rural residence are similar for both women and men and the relative strength of rural residence compared to the relative strength of gender in predicting service use and outcomes.

METHODS:

To accomplish the study's specific aims, we will abstract medical records already obtained for information on alcohol, specialty mental health, and medical/primary care services use inmultiple sectors of health care. We collected insurance and medical record of all health services obtained during the two years covered by the four interviews. These medical records were obtained after study participants signed a specific release of information for all their health records. A trained research assistant will abstract medical records from all participants for information on health care utilization and management of alcohol problems. We will also conduct extensive secondary data analyses with the four-wave interview data, with and without the medical records data. These data analyses will use logistic and linear regression, including random regression models and multi-part models.

FINDINGS / RESULTS:

None at this time.

STATUS:

Project work ongoing.

IMPACT:

Not known at this time.

PUBLICATIONS: None at this time.